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31824 7590 11/30/2009 MCDERMOTT WILL & EMERY LLP 18191 VON KARMAN AVE. SUITE 500					Certificate of Mailing or Transmission  I hereby certify that this Fcc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
IRVINE, CA 920		(Depositor's name)								
									(Signature)	
									(Date)	
APPLICATION NO.	. FILING DATE		FIRST NAMED INVEN	ľOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/699,576 10/31/2003 Sara A. Kerner 070602-0400 1577  ITTLE OF INVENTION: VISUALIZING SPACE SYSTEMS MODELING USING AUGMENTED REALITY										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	T-"	DATE DUE	
nonprovisional	NO	S1510	\$0		\$0	\$0			03/01/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
1.		2128	703-022000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will he printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Lockheed Martin Corporation  Bethesda, MD										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government										
4a. The following fee(s)  Issue Fee Publication Fee (I) Advance Order	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501216 (enclose an extra copy of this form).</li> </ul>									
5. Change in Entity Sta	itus (from status indicate ns SMALL ENTITY stat		b. Applicant is no	lone	per claiming SMAI	LL ENTI	TY status, See 37 C	FR 1.27	7(g)(2).	
NOTE: The Issue Fee ar	nd Publication Fee (if rec	uired) will not be accepted accepted accepted and Trademark	ed from anyone other th							
Authorized Signature Typed or printed nam					ary 17, 20 36,171	10				
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